

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/343,845	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓				51						
2		✓		✓			52						
3		✓		✓			53						
4		✓		✓			54						
5		✓		✓			55						
6	✓		✓				56						
7	✓		✓				57						
8	✓		✓				58						
9		✓		✓			59						
10		✓		✓			60						
11		✓		✓			61						
12		✓		✓			62						
13		✓		✓			63						
14	✓		✓				64						
15	✓		✓				65						
16	✓		✓				66						
17		✓		✓			67						
18		✓		✓			68						
19		✓		✓			69						
20		✓		✓			70						
21		✓		✓			71						
22	✓		✓				72						
23		✓		✓			73						
24		✓		✓			74						
25		✓		✓			75						
26		✓		✓			76						
27	✓		✓				77						
28		✓		✓			78						
29		✓		✓			79						
30	✓		✓				80						
31		✓		✓			81						
32		✓		✓			82						
33							83						
34							84						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10		10				TOTAL IND.						
TOTAL DEP.	22		22				TOTAL DEP.						
TOTAL CLAIMS	32		32				TOTAL CLAIMS						